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**State:** District of Columbia **Filing Company:** Sun Life Assurance Company of Canada  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only  
**Product Name:** Cancer Only Insurance  
**Project Name/Number:** Cancer Indemnity 2016/Cancer Indemnity 2016

## Filing at a Glance

Company: Sun Life Assurance Company of Canada  
Product Name: Cancer Only Insurance  
State: District of Columbia  
TOI: H07G Group Health - Specified Disease - Limited Benefit  
Sub-TOI: H07G.002A Dread Disease - Cancer Only  
Filing Type: Rate  
Date Submitted: 11/08/2016  
SERFF Tr Num: SNLF-130789431  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: CANCER INDEMNITY – 2016  
  
Implementation: On Approval  
Date Requested:  
Author(s): Margaret Carvalho, Thomas Miele, Lori Chilcote, Ellen Thibodeau, Linda Murphy, Stacy Amos, Lori Minchoff, Laura Summers, Stacy Koron, Murray Lord, Rhonda Pierson, Wendy Bollinger, Lori Vazquez, Sharon Miller, Dixie Lawlor, Marisol Valverde, Chris McGrath  
  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Implementation Date:

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## General Information

Project Name: Cancer Indemnity – 2016 Status of Filing in Domicile: Pending  
Project Number: Cancer Indemnity 2016 Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments: A filing will be made in domicile state.  
Explanation for Combination/Other: Market Type: Group  
Submission Type: Resubmission Previous Filing Number: SNLF-130684802  
Group Market Size: Small and Large Group Market Type: Employer, Discretionary, Trust, Other  
Explanation for Other Group Market Type: Labor Union Overall Rate Impact:  
Filing Status Changed: 11/08/2016  
State Status Changed: Deemer Date:  
Created By: Chris McGrath Submitted By: Stacy Koron  
Corresponding Filing Tracking Number:

### Filing Description:

RE: Forms Submitted for Approval  
16-CAN-C-01 - Group Cancer Insurance Certificate  
16-CAN-E-01 - Group Certificate Endorsement  
16-CANPort-C-01 - Group Cancer Insurance Portability Certificate

Dear Sir or Madam:

This is a resubmission of previously rejected filing SNLF-130684802. The amended Actuarial Memorandum and a Cancer Rate Development exhibit are being submitted which address the Department's concerns.

We are submitting the enclosed group insurance rates on behalf of Sun Life Assurance Company of Canada ("the Company") for your review and approval on a general use basis. These submitted rates are new and are not intended to replace any rates the Company has on file with your Department. These rates are intended to comply with all applicable laws, rules, bulletins and published guidelines of your state. Forms were filed separately in SERFF Tr Num SNLF-130662671. Per the reviewer's request, the forms filing was withdrawn with a disposition date of 9/13/2016 and will be resubmitted upon the approval of the rates filing.

The rates included in this filing are intended for use with eligible group policyholders, as allowed by the laws and regulations of your state.

Attached to this filing are any applicable state required fees, transmittal forms and certifications.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

Sincerely,

Stacy Koron

## Company and Contact

### Filing Contact Information

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Lori Vazquez, Senior Contract Analyst      lori.vazquez@sunlife.com  
2323 Grand Boulevard      816-881-8713 [Phone]  
Kansas City, MO 64018      816-881-8755 [FAX]

**Filing Company Information**

Sun Life Assurance Company of  
Canada  
175 Addison Road  
Windsor, CT 06095  
(860) 737-1000 ext. [Phone]

CoCode: 80802  
Group Code: 549  
Group Name:  
FEIN Number: 38-1082080

State of Domicile: Michigan  
Company Type:  
State ID Number:

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**Filing Fees**

Fee Required?      No

Retaliatory?      No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Sun Life Assurance Company of Canada
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<b>Product Name:</b>	Cancer Only Insurance		
<b>Project Name/Number:</b>	Cancer Indemnity 2016/Cancer Indemnity 2016		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	N/A
<b>Rate Change Type:</b>	%
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	N/A

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Sun Life Assurance Company of Canada	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		CA Rate Manual	16-CAN-C-01, 16-CAN-E-01, 16-CANPort-C-01	New		Rate Manual - Cancer - Unitobacco and Distinct - Generic.pdf,

# Sun Life Assurance Company of Canada

## Wellesley, Massachusetts

### Section 1 – Group Cancer Only Coverage

#### A. Base Monthly Premium

Base monthly premium varies by plan design as shown in the following table:

Employee Base Monthly Premium:

Issue Age (EE)	Level 1			Level 2		
	Non-Tobacco	Tobacco	Uni-Tobacco	Non-Tobacco	Tobacco	Uni-Tobacco
Under 50	\$9.60	\$16.42	\$11.85	\$22.55	\$38.56	\$27.84
50-59	11.84	20.25	14.61	27.81	47.56	34.33
60-64	18.88	32.28	23.30	44.35	75.84	54.75
65+	25.28	43.23	31.20	59.39	101.56	73.31

Spouse Base Monthly Premium:

Issue Age (EE)	Level 1			Level 2		
	Non-Tobacco	Tobacco	Uni-Tobacco	Non-Tobacco	Tobacco	Uni-Tobacco
Under 50	\$6.72	\$11.49	\$8.30	\$15.79	\$27.00	\$19.49
50-59	8.29	14.18	10.23	19.47	33.29	24.03
60-64	13.21	22.59	16.30	31.04	53.08	38.32
65+	17.69	30.25	21.83	41.57	71.08	51.31

Child(ren) Base Monthly Premium:

Level 1	Level 2
\$1.16	\$2.78

The total base monthly premium for each employee is calculated as:

the base monthly premium for the employee +  
the base monthly premium for the spouse, if spouse coverage is elected +  
the base monthly premium for the child(ren), if child(ren) coverage is elected.

#### B. Commission Factor

The factors for producer commissions are as follows:

Schedule	Factor
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60% First Year, 10% Renewal	1.00
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For commission schedules not shown, an appropriate adjustment to the premiums will be made. The adjustment will be determined on a basis actuarially consistent with the impact on the expense component of the change in commission.

C. Transfer Treatment Factor

Several states have regulations that require the new carrier to assume additional liabilities on a transferred case. The factor to account for this is as follows:

Transfer	Factor
No	1.00
Yes	1.10

D. Manual Monthly Premium

The manual monthly premium is calculated as the product of Items A through C.

E. Modal Factor

Based on the desired mode of premium payment, the manual monthly premium (Item D) is adjusted by the following factors:

Mode	Factor	Mode	Factor
Annually	12.00	Semi-Monthly	0.500
Semi-Annually	6.00	Bi-Weekly	0.462
Quarterly	3.00	Weekly (48/year)	0.250
Monthly	1.00	Weekly (52/year)	0.231

F. Underwriting Adjustment Factor

In any case where, in our judgment, there exists a risk not provided for in the above calculations of premiums, an appropriate adjustment will be made. Premiums for plans of insurance other than those shown above will be determined on a basis actuarially consistent with the rules set forth herein and must be referred to the Home Office for calculation.

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	Please see the Filing Description section in the General Information tab.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certificate of Authority to File
<b>Comments:</b>	
<b>Attachment(s):</b>	SLF04.letter of authorization.Executed.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memo - Cancer - DC.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see the Actuarial Memorandum.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A. This is not a P&C filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A. This is not a P&C filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



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<b>Product Name:</b>	Cancer Only Insurance		
<b>Project Name/Number:</b>	Cancer Indemnity 2016/Cancer Indemnity 2016		

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	N/A. This is not an ACA filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A. This is not an ACA filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cancer Exhibit A- Summary of Benefits
<b>Comments:</b>	
<b>Attachment(s):</b>	Cancer Exhibit A - Summary of Benefits.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit B - Cancer Rate Development
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit B - Cancer Rate Development.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	SNLF-130789431	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	CANCER INDEMNITY 2016
<hr/>					
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<b>Project Name/Number:</b>	Cancer Indemnity 2016/Cancer Indemnity 2016				

***Attachment Exhibit B - Cancer Rate Development.xls is not a PDF document and cannot be reproduced here.***

**Sun Life Assurance Company of Canada**

**LETTER OF THIRD PARTY AUTHORIZATION**

August 4, 2016

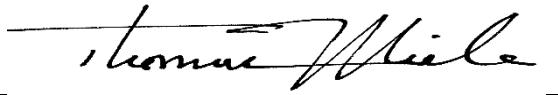
Dear State Regulator:

We hereby authorize:

Milliman, Inc.  
Consultants and Actuaries  
3000 Bayport Dr., Suite 1050  
Tampa, FL 33607

to submit form and/or rate filings on behalf of Sun Life Assurance Company of Canada.

This authorization shall remain valid until revoked by us.

A handwritten signature in black ink, appearing to read "Thomas Miele", is written over a horizontal line.

**Signature**

**Thomas Miele**  
**Assistant Vice President, State Filing**

**Sun Life Assurance Company of Canada**  
**Actuarial Memorandum**  
**Group Cancer Only Coverage**

Base Forms: 16-CAN-C-01 & 16-CAN-E-01. In states that allow portability of coverage, 16-CANPort-C-01 would also apply.

Scope and Purpose of Filing: This is an initial filing for group Cancer Only insurance. The purpose of this memorandum is to comply with the state requirements for rate filing certification. It is not intended for any other purpose.

Description of Benefits: Group Cancer Only policies provide benefits for a variety of cancer-related events, including hospitalization, radiation/chemotherapy treatment, surgical procedures, doctor visits, and ambulance transportation. See Exhibit A for a summary of benefits provided.

Renewability: The policy is optionally renewable subject to the conditions of the When the Policy Ends provision.

Applicability: This filing is for a new form.

Morbidity / Mortality: Claim cost assumptions were based upon a combination of assumptions used by companies that market similar products, input of consulting actuaries knowledgeable of Cancer Only policies, population data, and actuarial judgment.

Please refer to 'Exhibit B – Cancer Rate Development' for further information.

Persistency: The assumed persistency for this product is based on industry experience.

Expenses: Expenses are expressed as a percent of premium. The breakdown of our anticipated expenses is shown below:

	<u>Lifetime</u>
Commissions	22%
Enrollment	8%
Premium Tax	2%
General Expense	10%
<u>Risk Margin</u>	<u>8%</u>
Total	50%

Marketing Method: This product will be marketed to employer groups through group insurance brokers, worksite benefit specialists, independent insurance agents, and third-party administrators.

Underwriting: Applicants will be subject to evidence of insurability. Each group must have a minimum of 5 enrolled employees.

Premium Classes: The attributes for which premium rates vary are specified in the Cancer Only rate manual included with this filing.

Issue Age Range: This product is issued to groups. Any eligible member of an insured group may enroll regardless of age. Eligible dependents of a covered employee may also enroll.

Area Factors: Area factors are not used in rating this product.

Average Premium: The average annual premium is expected to be \$7,236 per policy and \$330 per certificate. The average number of certificates per policy is expected to be 22.

Premium Modalization Rules: The premium modalization rules are specified in the Cancer Only rate manual.

Claim Liability and Reserves: Claim reserves will be developed in accordance with the American Academy of Actuaries' Actuarial Standard of Practice Number 5, "Incurred Health and Disability Claims," based on claim payment patterns for the product.

Policy Reserves (Active Life Reserves): Statutory reserves will be held in accordance with Standard Valuation Law.

Trend Assumption: There is no trend assumption used in pricing this product.

Contingency and Risk Margin: The contingency and risk margin for this product is 5%. It is determined as the amount of margin that is necessary to earn an appropriate return on equity.

Prior Experience Under the Form: This is a new filing of this form. It does not have any experience.

Lifetime Loss Ratio: The lifetime anticipated loss ratio for this product is 50%.

History of Rate Adjustments: This is a new form filing. There is no history of rate adjustments.

Number of Policyholders: This is a new form filing. There are no policyholders.

Proposed Effective Date: This is a new form filing. The proposed effective date is immediately upon approval by the insurance department.

Actuarial Certification: I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with all applicable state laws and regulations and complies with Actuarial Standard of Practice #8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, and that the benefits provided are reasonable in relation to the proposed premiums.



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Ryan Bohrer, FSA, MAAA  
Director, Voluntary Pricing  
Sun Life Financial

October 28, 2016

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Date

**Sun Life Assurance Company of Canada  
Group Cancer Only Coverage  
Exhibit A: Summary of Benefits Provided**

The Group Cancer Only plan pays benefits according to the following schedule for each covered life:

<b>Cancer Screening:</b> Limited to once per benefit year	<b><u>Level I</u></b> \$50	<b><u>Level II</u></b> \$75
<b>Hospital Confinement:</b> Limited to 90 days per period of hospital confinement	<b><u>Level I</u></b> \$200 per day	<b><u>Level II</u></b> \$400 per day
<b>Radiation and Chemotherapy:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
<b>Injected Cytotoxic Medications Maximum</b>	\$300 per week \$4,000 per benefit year	\$1,000 per week \$12,000 per benefit year
<b>First Prescription Pump Dispensed Cytotoxic Medications Maximum</b>	\$300 per prescription \$4,000 per benefit year	\$1,000 per prescription \$12,000 per benefit year
<b>Refill Pump Dispensed Cytotoxic Medications Maximum</b>	\$300 per week \$4,000 per benefit year	\$1,000 per week \$12,000 per benefit year
<b>Oral Cytotoxic Medications Maximum</b>	\$150 per prescription \$450 per month	\$500 per prescription \$1,500 per month
<b>Cytotoxic Medications Administration by Any Other Method Maximum</b>	\$300 per week \$4,000 per benefit year	\$1,000 per week \$12,000 per benefit year
<b>External Radiation Therapy Maximum</b>	\$400 per week \$4,000 per benefit year	\$600 per week \$12,000 per benefit year
<b>Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium Maximum</b>	\$450 per week \$4,000 per benefit year	\$750 per week \$12,000 per benefit year
<b>Oral or I.V. Radiation Therapy Maximum</b>	\$400 per week \$4,000 per benefit year	\$600 per week \$12,000 per benefit year
<b>In-hospital Blood and Plasma:</b>	<b><u>Level I</u></b> \$50	<b><u>Level II</u></b> \$50
<b>Outpatient Blood and Plasma:</b>	<b><u>Level I</u></b> \$50	<b><u>Level II</u></b> \$50
<b>Extended-care Facility:</b> Limited to a maximum of 90 days per benefit year	<b><u>Level I</u></b> \$200 per day	<b><u>Level II</u></b> \$200 per day

<b>Hospice:</b> Limited to a maximum of 100 days per lifetime	<b><u>Level I</u></b> \$100 per day	<b><u>Level II</u></b> \$100 per day
<b>In-hospital Doctor Visits:</b> Limited to a maximum of 75 visits	<b><u>Level I</u></b> \$25 per daily visit	<b><u>Level II</u></b> \$25 per daily visit
<b>Post-hospital Doctor Visits:</b> Limited to once every 6 months for up to 5 years after the diagnosis of cancer	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$50 per visit
<b>Prosthesis:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
<b>Surgically Implanted Devices:</b>	\$2,000 per device to a lifetime maximum of \$4,000	\$3,000 per device to a lifetime maximum of \$6,000
<b>Other Devices:</b>	\$200 per device to a lifetime maximum of \$400	\$300 per device to a lifetime maximum of \$600
<b>Ambulance Benefit:</b> Limited to 2 one-way trips per period of hospital confinement	<b><u>Level I</u></b> \$250	<b><u>Level II</u></b> \$250 Ground \$2,000 Air
<b>Lodging:</b> Limited to 1 benefit per day up to 90 days per benefit year	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$100 per day
<b>Second Surgical Opinion:</b> Limited to once per surgical procedure	<b><u>Level I</u></b> \$200	<b><u>Level II</u></b> \$200
<b>Skin Cancer:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
<b>Biopsy:</b>	\$100	\$100
<b>Reconstructive surgery following previous excision of skin cancer:</b>	\$250	\$250
<b>Excision of lesion of skin cancer without flap or graft:</b>	\$375	\$375
<b>Excision of lesion of skin cancer with flap or graft:</b>	\$600	\$600
<b>First Occurrence:</b> Limited to once per lifetime A 30 day waiting period applies	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$5,000

<b>Alternative Care:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
<b>Integrative Assessment and Education Benefit:</b> Limited to a one-time benefit	Not Covered	\$150
<b>Palliative Care Benefit:</b> Limited to 20 visits per benefit year Lifetime maximum of 2 benefit years	Not Covered	\$50 per visit
<b>Lifestyle Benefit:</b> Limited to 20 visits per benefit year Lifetime maximum of 2 benefit years	Not Covered	\$50 per visit
<b>Experimental Treatment:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
<b>Oral Medications Maximum</b>	Not Covered	\$150 per day \$1,050 per month
<b>Injected Medications Maximum</b>	Not Covered	\$150 per day \$1,050 per month
<b>Pump Dispensed Medications Maximum</b>	Not Covered	\$150 per day \$1,050 per month
<b>Medical Imaging:</b> Limited to twice per benefit year	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$100
<b>National Cancer Institute Evaluation/Consultation:</b> Limited to once per lifetime	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$500
<b>Anti-nausea:</b>	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$100 per month
<b>Bone Marrow Transplant:</b> Limited to once per lifetime*	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$10,000 for the covered employee or covered dependent and \$1,500 to the bone marrow donor
<b>Stem Cell Transplant:</b> Limited to once per lifetime*	Not Covered	\$2,500
*Benefits will only be paid once per lifetime for either a bone marrow transplant or stem cell transplant, not both.		
<b>Immunotherapy:</b>	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$450 per month up to a lifetime maximum of \$3,500
<b>Home Health Care:</b> Limited to a maximum of 10 visits after any period of hospital confinement to a maximum of 30 visits per benefit year	<b><u>Level I</u></b> Not Covered	<b><u>Level II</u></b> \$50 per visit



<b>Nursing Services:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
Limited to 30 days per benefit year	Not Covered	\$125 per day

<b>Transportation:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
Limited to 3 round trips per benefit year	Not Covered	\$500 per round trip

<b>Reconstructive Surgery:</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
<b>Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast):</b>	Not Covered	\$350
<b>Breast Reconstruction:</b>	Not Covered	\$700
<b>Facial Reconstruction:</b>	Not Covered	\$700
<b>Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap:</b>	Not Covered	\$2,500

In addition, we will pay 30% of the amounts shown above for general anesthesia during these procedures.

<b>Outpatient Hospital Surgical</b>	<b><u>Level I</u></b>	<b><u>Level II</u></b>
Limited to 3 days per procedure	Not Covered	\$250 per day

**Surgery and General Anesthesia for Internal Cancer:**

Limited to a combined maximum of \$2,000 for Level I for one operation

Limited to a combined maximum of \$7,500 for Level II for one operation

<b>Procedure</b>	<b><u>Level I &amp; II</u></b> <b>General Anesthesia Benefit</b>	<b><u>Level I &amp; II</u></b> <b>Surgical Benefit</b>
Mandible- Mandibulectomy	\$760	\$2,300
Misc- Pathological hip fracture	\$400	\$1,200
Breast – Needle biopsy	\$50	\$150
Breast – Excisional biopsy	\$50	\$150
Breast – Lumpectomy	\$100	\$300
Breast - Mastectomy partial	\$100	\$300
Breast - Mastectomy simple	\$180	\$550
Breast - Mastectomy radical	\$400	\$1,200
Throat - Laryngectomy (without neck dissection)	\$365	\$1,100
Throat - Laryngectomy (with neck dissection)	\$730	\$2,200
Throat - Laryngoscopy	\$50	\$150
Throat – Tracheostomy	\$50	\$150
Chest – Bronchoscopy	\$70	\$200
Chest - Thoracentesis	\$50	\$150
Chest - Thoracostomy	\$50	\$150
Chest – Thoracotomy	\$165	\$500
Chest - Pneumonectomy	\$400	\$1,200
Chest – Lobectomy	\$365	\$1,100
Chest - Wedge resection	\$250	\$750

**Surgery and General Anesthesia for  
Cancer (cont.)**

<b>Procedure</b>	<b><u>Level I &amp; II</u> General Anesthesia Benefit</b>	<b><u>Level I &amp; II</u> Surgical Benefit</b>
Misc – Venous-catheters/venous port (chemo)	\$50	\$150
Misc – Bone marrow biopsy or aspiration	\$50	\$150
Lymphatic – Splenectomy	\$225	\$675
Lymphatic – Excision or biopsy of a single lymph node	\$60	\$175
Lymphatic - Lymphadenectomy (bilateral)	\$365	\$1,100
Lymphatic - Lymphadenectomy (unilateral)	\$255	\$775
Lymphatic - Axillary node dissection	\$215	\$650
Chest - Mediastinoscopy	\$100	\$300
Mouth - Hemiglossectomy	\$115	\$350
Mouth - Glossectomy	\$430	\$1,300
Mouth – Resection of palate	\$200	\$600
Salivary glands - Biopsy	\$50	\$150
Salivary glands - Parotidectomy	\$300	\$900
Salivary glands – Radical neck dissection	\$730	\$2,200
Mouth – Tonsil/Mucous membranes	\$290	\$875
Esophagus – Resection of esophagus	\$305	\$925
Esophagus – Esophagoscopy	\$50	\$150
Stomach – Gastroscopy	\$75	\$225
Intestines – ERCP	\$135	\$400
Esophagus – Esophagogastrectomy	\$1,155	\$3,500
Stomach - Gastrectomy (complete)	\$430	\$1,300
Stomach - Gastrectomy (partial)	\$325	\$975
Stomach – Gastrojejunostomy	\$265	\$800
Intestines - Resection of small intestine	\$305	\$925
Intestines – Colectomy	\$265	\$800
Intestines – Ileostomy	\$250	\$750
Intestines – Colostomy/or revision of	\$200	\$600
Intestines – Excisional on rectum for biopsy	\$70	\$200
Intestines – Abdominal-perineal resection	\$400	\$1,200
Intestines – Proctosigmoidoscopy	\$50	\$150
Intestines – Sigmoidoscopy	\$50	\$150
Intestines - Colonoscopy (does not include virtual or CT Colonography)	\$85	\$250
Liver - Needle biopsy	\$50	\$150
Liver - Wedge biopsy	\$175	\$525
Liver - Resection of liver	\$1,090	\$3,300
Abdomen – Cholecystectomy	\$250	\$750
Pancreas – Pancreatectomy	\$400	\$1,200
Pancreas - Whipple procedure	\$1,520	\$4,600
Pancreas – Jejunostomy	\$530	\$1,600
Abdomen – Exploratory laparotomy	\$175	\$525
Abdomen – Paracentesis	\$50	\$150
Kidney –Nephrectomy (simple)	\$300	\$900
Kidney – Nephrectomy (radical)	\$530	\$1,600
Bladder - Cystectomy (partial)	\$250	\$750
Bladder - Cystectomy (complete)	\$1,485	\$4,500

**Surgery and General Anesthesia for  
Cancer (cont.)**

<b>Procedure</b>	<b><u>Level I &amp; II</u> General Anesthesia Benefit</b>	<b><u>Level I &amp; II</u> Surgical Benefit</b>
Bladder - Cystectomy (with ureteroileal conduit)	\$1,815	\$5,500
Prostate – Cystoscopy	\$50	\$150
Bladder – Cystoscopy	\$50	\$150
Bladder - TUR bladder tumors	\$135	\$400
Prostate – TUR prostate	\$265	\$800
Penis – amputation, partial	\$175	\$525
Penis – amputation, complete	\$265	\$800
Penis - amputation, radical	\$430	\$1,300
Testis - Orchiectomy (unilateral)	\$110	\$325
Testis - Orchiectomy (bilateral)	\$165	\$500
Prostate – Needle biopsy	\$50	\$150
Prostate – Radical prostatectomy	\$565	\$1,700
Vulva - Vulvectomy (partial)	\$190	\$575
Vulva - Vulvectomy (radical)	\$235	\$700
Female Reproductive – Colposcopy	\$50	\$150
Female Reproductive - D & C	\$60	\$175
Female Reproductive - Abdominal hysterectomy/uterus only	\$400	\$1,200
Female Reproductive - Uterus, tubes & ovaries with total pelvic exenteration	\$1,650	\$5,000
Female Reproductive - Vaginal hysterectomy/uterus only	\$330	\$1,000
Female Reproductive - Oophorectomy	\$190	\$575
Female Reproductive - Uterus, tubes & ovaries	\$500	\$1,500
Thyroid - Thyroidectomy (partial: one lobe)	\$265	\$800
Thyroid - Thyroidectomy (total: both lobes)	\$430	\$1,300
Brain - Burr holes not followed by surgery	\$200	\$600
Brain - Exploratory craniotomy	\$695	\$2,100
Brain - Excision brain tumor	\$1,090	\$3,300
Brain - Ventriculoperitoneal shunt	\$530	\$1,600
Spine – Cordotomy	\$430	\$1,300
Spine – Laminectomy	\$1,090	\$ 3,300
Eye – Enucleation	\$265	\$800
Radium Implants - Insertion	\$365	\$1,100
Radium Implants - Removal	\$200	\$600